

If our project is chosen, we agree to use the funds toward the project abide by the criteria as set in the guidelines of this application.

Signature of Project Coordinator

Date

Signature of School Administrator

Date
(Teacher Applicants Only)

Please list the names and addresses of others involved in this project.



Please detach this application and mail along with your project summary to:

All-Health Team
2600 Bull Street
Columbia, SC 29201

Application Process Details

- Complete the application in this brochure or
- Visit <http://www.scdhec.gov/allhealth>
- Tell us about your project in two pages or less. Include:
 - An introductory paragraph;
 - How you will use the money to further your project;
 - The health issues your project will address;
 - An explanation of how the project will be carried out- who will do what;
 - The project's benefits to the students and/or the community; and
 - Your plans for publicizing and sharing the results of your project with others.
- Mail all materials to the address on the application.
- Include pictures, media, or documentation to support your application.



Winners agreement to:

- Use the award as stated in the application;
- Submit a write-up of the project to be considered for the First Team All-Health
- Attend events, including the All Health Team's kickoff, annual awards ceremony, special interviews, etc.

For more information about the All-Health Team call (803) 545-4501.

ALL-HEALTH

★ **TEAM** ★

established 2003
South Carolina



A competitive **AWARDS** program for **YOUTH** who promote **HEALTH** in their **SCHOOL** community. For **SOUTH CAROLINA** youth grades K-12

 **LEXINGTON**
MEDICAL CENTER

wisio 

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health
and Environmental Control

www.scdhec.gov/allhealth

CR-005293 2/06

What is the All-Health Team?

- It is sponsored by S.C. Department of Health and Environmental Control (DHEC), Lexington Medical Center (LMC), and WIS-TV
- It promotes preventive health activities and awareness throughout South Carolina.
- It is open to all South Carolina youth, teachers, and adult leaders.



How do I join?

- Identify important health issues.
- Build a project around an issue. The project should at least accomplish one of the four goals:
 - Promote a health issue in the community;
 - Educate others;
 - Advocate for an issue;
 - Research an issue.

**TELL THE ALL-HEALTH TEAM
ABOUT YOUR PROJECT BY
SUBMITTING AN APPLICATION.**

What are the winning criteria?

- Originality of project
- Clearly stated goals and activities
- Realistic action plan and results achieved
- Impact project has on community or school
- Education and outreach component
- Proposed resources and expenditures



What do I Win?

- A \$500 cash prize to expand the project
- T-Shirts
- A promotional spot on the All-Health Team Web site
- A 30-second spot on WIS-TV highlighting your project
- The opportunity to be named First Team All-Health and win \$2,000, \$3,000 or \$5,000 to expand your project



Please check one of the following:

- ☐ I am a TEACHER of K-12 students in South Carolina
- ☐ I am a STUDENT in grades K-12 in South Carolina
- ☐ I EDUCATE K-12 students in South Carolina outside of a school setting

Project Title

This is:

- ☐ a new project
- ☐ an existing project
- ☐ a project that has been completed

Number of Staff involved

Number of Students involved

Grade level

Project Coordinator

Home Address

Home Telephone Number

E-mail Address

(Please list the names and addresses of others involved in this project on the back of this form.)

School/Organization Name

School District or County

Address

City

Phone and Fax Number